PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for paintenance fee notifications.

| naintenance fee notificati | ons. | | | | | | |
|---|--|---------------------------------|--|---|---|---|--|
| CURRENT CORRESPONDED | NCE ADDRESS (Note: Use Blo | ck I for any change of address) | Fee(s | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 21171 | 7590 02/07/ | 2007 | | | | | |
| STAAS & HAL SUITE 700 | | | I her State addr | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| WASHINGTON, | K AVENUE, N.W. , DC 20005 | | trans | | (371) 273-2883, 611 the 6 | (Depositor's name) | |
| | | | | | | (Signature) | |
| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | TTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/663,695 09/17/2003 FITLE OF INVENTION: ROBOT SYSTEM | | Yoshiki Hashimoto | Yoshiki Hashimoto 392.1820 3976 | | 3976 | | |
| | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE F | EE TOTAL FEE(S) DUI | E DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 05/07/2007 | |
| EXAM | NER | ART UNIT | CLASS-SUBCLASS | | | | |
| MCCLOUD, | RENATA D | 2837 | 318-468000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or ty | pe) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (0) | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| FANUC LT | 'D | | YAMANASHI, | JAPAN | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🗀 Government | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
| Issue Fee | | | A check is enclosed. | | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any | | | | |
| Advance Order - | f of Copies | | overpayment, to Depo | osit Account Number | 19-3935 (enclose | an extra copy of this form). | |
| 5. Change in Entity Sta | | | Dh. Annlinentie ne lee | age claiming SMAII | ENTITY status. See 37 | CFR 1 27(a)(2) | |
| | s SMALL ENTITY stat | | * * | | | | |
| interest as shown by the | records of the United St | ates Patent and Trademar | k Office. | 33/6//268 | n tenans, assess | the assignee or other party in | |
| Authorized Signature | Jan 2 | | | Date 12 FD | 16/200 | 1483.83 0P 788.89 09 | |
| Typed or printed nam | DEIDRE M | . DAVIS | | Registration No | 52,797 | | |
| an application. Confiden submitting the complete | tiality is governed by 3 diapplication form to the third for reducing this by Virginia 22313-1450. D | e USPTO. Time will var | y depending upon the indi- be Chief Information Offic | vidual case. Any com | iments on the amount of rademark Office, U.S. De | and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.